

## Appendix 2 – Update on Health and Transport

### Kent-Wide Health and Transport Day Tuesday 22<sup>nd</sup> September, Maidstone Hilton Hotel

This event represented a unique opportunity to bring together for the first time the key players who affect both the health and transport agendas. The meeting provided the chance to develop multi-agency working between representatives from both the health and transport professions, with the common aim to further improve the services currently offered to the people of Kent.

A number of tasks were carried out on the day to facilitate discussion and shape actions to ultimately identify the gaps left by current provision and to potentially develop new innovative transport solutions. The outcomes of these tasks are summarised below:

- 1) The Key health/transport related issues in Kent
  - Access- the rural nature of Kent is fundamental to transport issues
  - There is a distinct need for high level agreement and buy in from the top level in order for innovative multi-agency approaches to succeed
  - Issues and problems around patients who are travelling from East Kent to go to hospital and vice-versa
  - The need to consider health issues when planning transport networks (e.g. air quality)
  - The lack of an integrated public transport network
  - The need to better inform patients on alternative ways of getting to hospital by using public transport
- 2) Enablers, Blockers, Accelerators and Brakes

<b>Enablers</b>	<b>Blockers</b>
<ul style="list-style-type: none"><li>• Free bus pass for over 60s</li><li>• Integrated transport hub for KCC</li><li>• Integrated transport policy</li><li>• East Kent Integrated Transport Working Group</li><li>• Holistic outlook</li><li>• Leadership</li><li>• Networking- know what each trust is doing</li><li>• Cut across boundaries- voluntary sector</li><li>• Joint resources/expertise pooled budgets</li><li>• Voluntary resources</li><li>• Economic development (local</li></ul>	<ul style="list-style-type: none"><li>• Safety/crime checks- harder for voluntary schemes</li><li>• Staff attitudes</li><li>• Number of organisations involved</li><li>• Lack of resources</li><li>• No central source for transport</li><li>• Systems processes</li><li>• Gathering public opinion</li><li>• Public sector culture</li><li>• Lack of awareness</li></ul>

authorities) and planning	
<b>Accelerators</b> <ul style="list-style-type: none"> <li>• Financial squeeze</li> <li>• Total Place Initiative</li> <li>• Environmental pressures (carbon reduction)</li> <li>• Other legislative requirements (eg. LAA and CAA)</li> <li>• Incentives- reward people for not using car, e.g. Cheaper petrol, quicker appointments etc.</li> <li>• Utilise Kent Link- on the ground issues</li> <li>• Feedback information to community- decisions in planning- involvement.</li> </ul>	<b>Brakes</b> <ul style="list-style-type: none"> <li>• Finance</li> <li>• Political perspective (e.g.: Conservatives removing car parking charges for hospitals)</li> <li>• Board support</li> <li>• Personnel changes- people moving jobs</li> <li>• Two tier local government</li> <li>• Lack of trickle down of S.106.</li> </ul>

### 3) Solutions

Key blockers & brakes	Together, how can we improve/solve?
Staff attitudes	<ul style="list-style-type: none"> <li>• Incentives needed (do together- people less aggrieved)</li> <li>• Video conferences</li> <li>• Travel plan (currently one for MTW- expand)</li> </ul>
Patient attitudes	<ul style="list-style-type: none"> <li>• Video patient consultations</li> <li>• Awareness raising</li> </ul>
No new money for investment	<ul style="list-style-type: none"> <li>• Disinvest to reinvest</li> <li>• Commissioning more strategically to get economies of scale</li> <li>• Learn from private sector (BUPA)</li> <li>• Use voluntary sector more</li> </ul>
No clear direction	<ul style="list-style-type: none"> <li>• Create more specific joint cross cutting positions to encourage partnership around transport</li> </ul>
Feedback from the public customer	<ul style="list-style-type: none"> <li>• Develop exit strategy- patient research</li> <li>• Consult patients/visitors- questionnaires?</li> </ul>
How to measure success?	<ul style="list-style-type: none"> <li>• Distinguish between satisfaction v level of complaint</li> <li>• Uptake of new services</li> </ul>
	<ul style="list-style-type: none"> <li>• Be more effective with what we</li> </ul>

Lack of capital and revenue	<p>already have</p> <ul style="list-style-type: none"> <li>• Encourage a multi-agency group- look into issues in detail together and encourage joint working.</li> </ul>
Two tier local government (organisation complexity as seen by the public)	<ul style="list-style-type: none"> <li>• Improve/simplify information flow to the public</li> <li>• Joined up communication and relationships</li> </ul>
S.106 funding	<ul style="list-style-type: none"> <li>• Greater transparency</li> <li>• Investigate alternatives</li> </ul>

#### 4) Agreed actions

After these discussions, it was clear that the group shared the same broad understanding of concerns. A number of important needs were recognised:

- Commitment for everyone to work in a more joined up way in commissioning and planning health and transport
- Identifying and using change agents within all organisations to look more creatively to solve the problems identified on the day.
- Recognising the potential of the personalisation agenda and individual health budgets, and how this can play a part in influencing this policy area.